24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

| Schedule E) | FOR SE OF FORM 24/48 | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | | |
| National Nurses United for Patient Protection | C C00490375 | | | | |
| | | | | | |
| Check if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y | | | | |
| Full Name of Payee Latino Print Network | Date of Public Distribution/Dissemination | | | | |
| | 05 06 2016 | | | | |
| Mailing Address 3445 Catalina Dr | Amount | | | | |
| City State Zip Code | 10400.00 | | | | |
| Carlsbad CA 92010 | Transaction ID : D734750 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure Advertising Category/ Type | 04 08 2016 | | | | |
| Name of Federal Candidate Support Office | Sought: House District:00 | | | | |
| Bernie Sanders Oppose | President Senate State: CA | | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rsement For: | | | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | | | |
| National Nurses United | 05 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Mailing Address 155 Grand Avenue | Amount | | | | |
| City State Zip Code | 50.00 | | | | |
| Oakland CA 94612 | Transaction ID : D734748 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure Online Ad Category/ Type | 05 / 03 / 2016 | | | | |
| Name of Federal Candidate Support Office | Sought: House District:00 | | | | |
| Bernie Sanders Oppose | President Senate State: CA | | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rsement For: | | | | |
| | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 10450.00 | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 | | | | |
| (c) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Martha Kuhl [Electronically Filed] Date 05 | 5 07 2016 | | | | |
| Signature | | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| | FOR SE OF FORM 24/48 | | | | |
|---|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | FEC IDENTIFICATION NUMBER ▼ | | | | |
| National Nurses Officed for Fatient Frotection | C C00490375 | | | | |
| Check if Z 24-hour report 48-hour report New report Amen | ds report filed on MMM / DDD / YYYYY | | | | |
| Full Name of Payee National Nurses United | Date of Public Distribution/Dissemination | | | | |
| | 05 02 / Y Y Y Y Y | | | | |
| Mailing Address 155 Grand Avenue | Amount | | | | |
| City State Zip Code | 350.00 | | | | |
| Oakland CA 94612 | Transaction ID: D734749 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure Online Ad Category/ Type | 05 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Name of Federal Candidate Sup | oport Office Sought: House District: 00 | | | | |
| Bernie Sanders Op | pose President Senate State: DC | | | | |
| Calendar Year-To-Date Per Election for Office Sought 350.00 | Disbursement For: | | | | |
| Full Name of Payee National Nurses United | Date of Public Distribution/Dissemination | | | | |
| | 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Mailing Address 155 Grand Avenue | Amount | | | | |
| City State Zip Code | 486.00 | | | | |
| Oakland CA 94612 | Transaction ID: D734746 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure Payroll Category/ Type | 05 / 04 / 2016 | | | | |
| Name of Federal Candidate Su | oport Office Sought: House District: 00 | | | | |
| Bernie Sanders Op | pose President Senate State: CA | | | | |
| Calendar Year-To-Date Per Election for Office Sought 12996.75 | Disbursement For: | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 836.00 | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ············· > | | | | |
| (c) TOTAL Independent Expenditures | ······································ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Martha Kuhl [Electronically Filed] | Date 05 07 2016 | | | | |
| Signature | | | | | |

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| - Cricadic i | <u> </u> | | | | | | FOR SE O | F FORM 24/4 | 48 |
|--|--|----------------------|-------------------------|---------|--|---------------------|----------------------------|--------------|-------|
| | OMMITTEE (In Full) | otootics | | | | FEC I | DENTIFICATI | ON NUMBE | R▼ |
| เงสแบกสโ | Nurses United for Patient Pro | OL U CHON | | | | C | C00490375 | | |
| Check if Z 24-hour report 48-hour report Mew report Amends report filed on Amends report fi | | | | | | Y | | | |
| Full Name | e of Payee | | | | С | Date of Publ | ic Distribution | /Disseminati | ion |
| | nal Nurses United | | | | | 05 | 03 | 2016 | Y |
| Mailing Address 155 Grand Avenue | | | Δ. | Amount | | | | | |
| City | | State | Zip Code | | — [| | | 50.00 | 0 |
| Oakland | | | | | Transaction ID : D734747 Date of Disbursement or Obligation | | | | |
| Purpose of Online A | of Expenditure d | | Category/ Type | | | 05 N | 04 | 2016 | Y |
| Name of | Federal Candidate | | $\overline{\mathbf{X}}$ | Support | Office S | ought: | House | District: | 00 |
| Bernie Sa | anders | | | Oppose | | resident | Senate | | CA |
| | ndar Year-To-Date | | 12996.7 | 5 | Disburse | ement For: | X Primary | y Ger | neral |
| | Election for Office Sought | 7 7 | 1230.7 | | | Other (s | pecify) ► | | |
| | e of Payee Productions | | | | [| M = M | lic Distribution | Y Y Y | |
| Mailing A | ddress 2015 Longhorn Cir | | | | | 05 Amount | 01 | 2016 | |
| City | | State | Zip Code | | | | | 1086.0 | 0 |
| Santa Ro | osa | CA | 95401 | | | | D: D734757 oursement or | Obligation | |
| Purpose Advertisi | of Expenditure ng | | Category/ Type | | | 05 N | 04 | 2016 | Y |
| Name of | Federal Candidate | | X | Support | Office S | Sought: | House | District: | 00 |
| Bernie S | anders | | | Oppose | | | Senate | | CA |
| | endar Year-To-Date Election for Office Sought | 7 7 | 12996.7 | 5 | Disburse 2016 | ement For: Other (s | Primary | y Ge | neral |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | | | | | |
| (c) TOTAL | . Independent Expenditures | | | | ·· • [| | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | | | |
| | Martha Kuhl | [Electron | ically Filed] | Date | M M M | / 07 | / Y 20 | 16 | |
| Signatu | re | | | ⊅at€ | , 03 | 01 | 20 | | |
| | | 1 | | 1 | 1 | 4 | 1 | . | |

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| | | FOR SE OF FORM 24/48 | | | | |
|---|--|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection | | FEC IDENTIFICATION NUMBER ▼ | | | | |
| National Nurses Office for Fatient Frotection | | C C00490375 | | | | |
| Check if 24-hour report 48-hour report New report | Amends report filed on | = M / D = D / Y = Y = Y | | | | |
| Full Name of Payee National Nurses United | Date | of Public Distribution/Dissemination | | | | |
| | | 05 03 2016 | | | | |
| Mailing Address 155 Grand Avenue | Amou | nt | | | | |
| City State Zip Co | de | 924.75 | | | | |
| Oakland CA 94612 | | Transaction ID : D734745 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure Payroll Category | | 05 | | | | |
| Name of Federal Candidate | Support Office Sough | it: House District: 00 | | | | |
| Bernie Sanders | Oppose Preside | ent Senate State: CA | | | | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursemen 2016 | t For: | | | | |
| Full Name of Payee | <u> </u> | of Public Distribution/Dissemination | | | | |
| Mailing Address | Amou | int | | | | |
| City State Zip Co | ode | | | | | |
| | Date | of Disbursement or Obligation | | | | |
| Purpose of Expenditure Categ | gory/ Type | / | | | | |
| Name of Federal Candidate | Support Office Sough | nt: House District: | | | | |
| | Oppose Presid | ent Senate State: | | | | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursemen | nt For: | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | · | 924.75 | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · | | | | | |
| (c) TOTAL Independent Expenditures | ······································ | 13346.75 | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | |
| Martha Kuhl [Electronically Fi | iled] Date 05 | 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Signature | | | | | | |

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OF